

PLEASE PRINT

CLAIMANT'S NAME _____ CLAIM NO. _____

Who hired you? _____ Date Hired _____

What type of work did you perform? _____

Address where work was performed _____

Date of last day you worked _____

Is the employer still in business? Yes _____ No _____

What rate of pay did you and your employer agree to? Hourly _____ Weekly _____ Bi-Weekly _____

Semi-Monthly _____ Monthly _____ Other (explain) _____

Was this agreement Oral _____ Written _____

Did you sign any contract or agreement with this employer? Yes _____ No _____

If yes, explain _____

How often were you paid? Weekly _____ Bi-weekly _____ Semi-monthly _____

Other (explain) _____

What were the dates of your regularly scheduled paydays? _____

How were you paid? By check _____ Cash _____ Electronic transfer _____

Other (explain) _____

Did your employer deduct social security and withholding taxes? Yes _____ No _____

Did you sign any authorization for other deductions? Yes _____ No _____

Did your employer set regular working hours? Yes _____ No _____

Are you covered by a union contract? Yes _____ No _____

If your claim is for COMMISSIONS, what was the percentage you were to receive? _____

What was the total amount of sales, etc. on which commissions were not paid? \$_____. (Please attach an itemization of the sales to this claim.)

What was the employer's agreement for the time of payment? Explain fully: _____

On what date(s) was this work performed? _____

If your claim is for DEDUCTION(S), explain why the deduction(s) was made _____

Date(s) of pay period(s) on which deduction(s) was made _____

If your claim is for OTHER, explain how you arrived at the amount of your claim _____